

Cambridge Behavioural Inventory Revised (CBI-R)

For the Carer

Your Name: _____ Today's date: ____/____/____

Patient's name: _____ Relationship to the patient _____

We would like to ask you a number of questions about various changes in the patient's behaviour that you may have noticed. It is important that we obtain your view as it will help us in our assessment.

Please read the description of each problem carefully. Then circle the number under the heading "Frequency" that best describes the occurrence of the behavioural change.

Some of the everyday skill questions may not apply, if for instance the person you care for has never done the shopping. Please enter N/A (not applicable).

All questions apply to the patient's behaviour OVER THE PAST MONTH.

0 Never	1 a few times per month	2 a few times per week	3 daily	4 constantly	
Memory and Orientation					
FREQUENCY					
Has poor day-to-day memory (e.g. about conversations, trips etc.)	0	1	2	3	4
Asks the same questions over and over again	0	1	2	3	4
Loses or misplaces things	0	1	2	3	4
Forgets the names of familiar people	0	1	2	3	4
Forgets the names of objects and things	0	1	2	3	4
Shows poor concentration when reading or watching television	0	1	2	3	4
Forgets what day it is	0	1	2	3	4
Becomes confused or muddled in unusual surroundings	0	1	2	3	4
Everyday Skills					
Has difficulties using electrical appliances (e.g. TV, radio, cooker, washing machine)	0	1	2	3	4
Has difficulties writing (letters, Christmas cards, lists etc.)	0	1	2	3	4
Has difficulties using the telephone	0	1	2	3	4
Has difficulties making a hot drink (e.g. tea/coffee)	0	1	2	3	4
Has problems handling money or paying bills	0	1	2	3	4
Self Care					
Has difficulties grooming self (e.g. shaving or putting on make-up)	0	1	2	3	4
Has difficulties dressing self	0	1	2	3	4
Has problems feeding self without assistance	0	1	2	3	4
Has problems bathing or showering self	0	1	2	3	4
Abnormal Behaviour					
Finds humour or laughs at things others do not find funny	0	1	2	3	4
Has temper outbursts	0	1	2	3	4
Is uncooperative when asked to do something	0	1	2	3	4
Shows socially embarrassing behaviour	0	1	2	3	4
Makes tactless or suggestive remarks	0	1	2	3	4
Acts impulsively without thinking	0	1	2	3	4

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Mood				
Cries	0	1	2	3 4
Appears sad or depressed	0	1	2	3 4
Is very restless or agitated	0	1	2	3 4
Is very irritable	0	1	2	3 4
Beliefs				
Sees things that are not really there (visual hallucinations)	0	1	2	3 4
Hears voices that are not really there (auditory hallucinations)	0	1	2	3 4
Has odd or bizarre ideas that cannot be true	0	1	2	3 4
Eating Habits				
Prefers sweet foods more than before	0	1	2	3 4
Wants to eat the same foods repeatedly	0	1	2	3 4
Her/his appetite is greater, s/he eats more than before	0	1	2	3 4
Table manners are declining e.g. stuffing food into mouth	0	1	2	3 4
Sleep				
Sleep is disturbed at night	0	1	2	3 4
Sleeps more by day than before (cat naps etc.)	0	1	2	3 4
Stereotypic and Motor Behaviours				
Is rigid and fixed in her/his ideas and opinions	0	1	2	3 4
Develops routines from which s/he can not easily be discouraged e.g. wanting to eat or go for walks at fixed times	0	1	2	3 4
Clock watches or appears pre-occupied with time	0	1	2	3 4
Repeatedly uses the same expression or catch phrase	0	1	2	3 4
Motivation				
Shows less enthusiasm for his or her usual interests	0	1	2	3 4
Shows little interest in doing new things	0	1	2	3 4
Fails to maintain motivation to keep in contact with friends or family	0	1	2	3 4
Appears indifferent to the worries and concerns of family members	0	1	2	3 4
Shows reduced affection	0	1	2	3 4

Any other comments:

Thank you for your time.